
 <div style="display: inline-block; text-align: center;"> United States Environmental Protection Agency Washington, DC 20460 </div>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Registration Amendment Other	OPP Identifier Number
Application for Pesticide - Section I				
1. Company/Product Number 86182-5		2. EPA Product Manager Lindsey Roe		3. Proposed Classification <input checked="" type="checkbox"/> None Restricted
4. Company/Product (Name) Stockton (Israel) Limited / STK-20; ABN: Regev		PM# 22		
5. Name and Address of Applicant (Include Zip Code) Stockton (Israel) Limited 17 Ha 'Mefalsim St. Petach Tikva 4951447 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. 100-1602 Product Name: Miravis Top		
Section - II				
<input checked="" type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification - Explain below. <input type="checkbox"/> Other - Explain below.				
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Label amendment for use rates of selected crops, application volume, spray language, and corrections to pests controlled				
Section - III				
1. Material This Product Will Be Packaged In:				
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt. container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) HDPE lined bags	
* Certification must be submitted				
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1, 2.5 gal.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				
Section - IV				
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)				
Name Rachel L Hardie		Title Agent for Stockton (Israel) Ltd.		Telephone No. (Include Area Code) (302) 635-7289, rachel@wagnerreg.com
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.				6. Date Application Received <div style="text-align: center; font-weight: bold;">(Stamped)</div>
2. Signature 		3. Title Agent for Stockton (Israel) Ltd.		
4. Typed Name Rachel L Hardie		5. Date August 18, 2020		